

04/30/01 13:772 U.S. PTO

05-02-01

A

UTILITY PATENT

Attorney Docket APPLICATION 2132.044

TRANSMITTAL FIRST NAMED INVENTOR
OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al

TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1793 DALTONS

EXPRESS MAIL LABEL NO.: EL608094 606US Date submitted: 04/30/01

APPLICATION ELEMENTS

Assistant Commissioner for Patents

(See MPEP chapter 600 concerning utility patent appln.)

Box Patent Application
Washington, D.C. 20231

986 U.S. PTO
09/845739
10/30/01

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
- ☒ Specification 36 Total Pages
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 13) 2 New Sheets
4. ☒ Decl./Pow. of Att. 2 Total pages (COPY)
 - a. ☐ Combined Executed (original or copy) for C-I-P application)
 - b. ☐ Copy from a prior appln. (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (Identical to computer copy)
 - c. ☐ Statement verifying identity of above copies
8. ☐ Assignment Papers (copy)
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
14. ☐ Small Entity(2) ☐ Statement filed in prior Application (Unsigned) Statement(s)
15. ☐ Certified Copy of Priority Document(s) (If foreign priority is claimed)
16. ☐ Other: _____
17. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or ☒ Correspondence address below
(Insert Customer No. Or Attach bar code label here) Cust #21917

NAME: Michael A. Slavin
McHale & Slavin, P.A.

ADDRESS: 4440 PGA Blvd., Suite 402

CITY: Palm Beach Gardens STATE: FL ZIP CODE: 33410

COUNTRY: U.S.A. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY2001

Application Number : N/A

Filing Date : N/A

First Named Inventor: Jackowski et al

Group Art Unit : N/A

Examiner Name : N/A

Attorney Docket No. 2132.044

Date: 04/30/01

Total Amount DUE: \$ 355.00

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

1. ☐ The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. _____

Deposit

Account Name: _____

☐ Charge any additional ☐ Applicant claims small
Fee required under ☐ entity status. See. 37 CFR
37 CFR 1.15 and 1.17 1.27

2. ☒ Payment Not submitted☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Large Entity	Small Entity	Fee	Fee	FEE DESCRIPTION/FEE PAID
Code	Code	(\$)	(\$)	
101	201	710	355	Utility filing fee 355
106	206	320	160	Design filing fee
107	207	490	245	Plant filing fee
108	208	710	355	Reissue filing fee
114	214	150	75	Provisional filing fee

SUBTOTAL(1) \$355.00

Fee from

2. CLAIMS Extra below Fee Paid

Total Claims 2 20 = -3- x 9 = \$ -0-

Independent 1 - 3 = -0- x 40 = \$ -0-

Multiple Dep 0 x = \$ -0-

Claims

Large Entity	Small Entity	Fee	Fee	FEE DESCRIPTION
Code	Code	(\$)	(\$)	
103	203	22	11	Claims in excess of 20
102	202	82	41	Ind. Claims in excess of 3
104	204	270	135	Mult. Dependent claim
109	209	82	41	Reissue Independent Claims over Original Patent
110	210	22	11	Reissue Claims in excess

20 and over original patent

FEE SUBTOTAL(2) \$ 355.00 *Reduced by Basic filing fee SUBTOTAL(3) SUBMITTED BY: _____

Michael A. Slavin

Typed or printed Name: Michael A. Slavin

Reg. No. 34,016

Signature: _____ Date: 04/30/01 Dep. Acct.: _____

Large Entity	Small Entity	Fee	Fee	FEE DESCRIPTION
Code	Code	(\$)	(\$)	
105	205	130	65	Surcharge - late filing fee/oath
127	227	50	25	Surcharge - late provisional filing fee or cover sheet.
139	139	130	130	Non-English specification
147	147	2520	2520	For filing a Request. for Exam.
112	112	920*	920*	Req. publication of SIR prior Examiner Action
115	215	110	55	Extension - first month
116	216	400	200	Extension - second month
117	217	950	475	Extension - third month
118	218	1510	755	Extension - fourth month
128	228	2060	1030	Extension - fifth month
119	219	310	155	Notice of Appeal
120	220	310	155	Brief in support of Appln.
21	221	270	135	Req. for Oral Hearing
138	138	1510	1510	Petition to Institute Public Use Proceeding
140	240	110	55	Pet. to revive - unavoidable
141	241	1320	660	Pet. To revive - unintentional
142	242	1320	660	Utility Issue Fee
143	243	450	225	Design Issue Fee
144	244	670	335	Plant Issue Fee
122	122	130	130	Petitions to Commissioner
123	123	50	60	Petitions re: Provisional
126	126	240	240	Sub. Of Infor. Discl. Stm.
581	581	40	40	Record. Patent Assign. Per property
146	246	290	395	Filing a Submission After Final rejection (37 CFR .129(a)
149	249	790	395	For each addnl. invention to be examined (37 CFR 1.129(b)
				Other fee (specify)
				Other fee (specify)

CERTIFICATE OF EXPRESS MAIL

Express Mail Mailing Label: EL608094606US

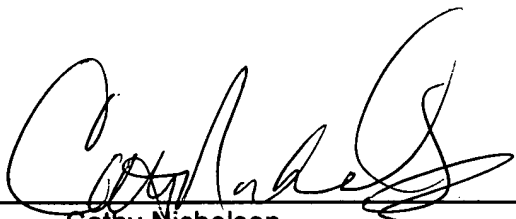
I HEREBY CERTIFY that the following correspondence: **UTILITY APPLICATION TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate; RETURN-RECEIPT postcard**; regarding the Application entitled: **BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1793 DALTONS**

Commissioner of Patents & Trademarks
Box Patent Application
Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A.
4440 PGA BLVD. SUITE 402
PALM BEACH GARDENS, FL 33410
(561) 625-6575


Cathy Nicholson
Legal Assistant